

Health Equity Task Force

February 23, 2021 Meeting -

Focus on Draft Recommendations for Charges 2, 3, 6 (and part of 7/8)

Welcome

This is the sixteenth meeting of the legislative task force established by Chapter 93 of the Acts of 2020 (referred to as the “Health Equity Task Force”) to study and make recommendations to the General Court that address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location, including, but not limited to, gateway cities with hospitals dedicated to caring for patients who test positive for COVID-19, and age in the commonwealth during the COVID-19 pandemic.

Health Equity Task Force Members

Senate Appointees

Senator Sonia Chang-Diaz

Senator Julian Cyr

Task Force Co-Chair, Michael Curry, Esq., Deputy CEO and General Counsel at Massachusetts League of Community Health Centers

Dr. Milagros Abreu, Executive Director, President and Founder of The Latino Health Insurance Program

Dr. Cassandra Pierre, infectious diseases physician and Assistant Professor of Medicine at Boston University

Dr. Frank Robinson, Vice President, Public Health and Community Relations, Baystate Health

Hirak Shah, Legal Counsel for Senate Minority Leader Bruce Tarr

House Appointees

Representative Carlos González

Representative Liz Miranda

Task Force Co-Chair, Dr. Assaad Sayah, CEO, Cambridge Health Alliance; Commissioner of Public Health, City of Cambridge; Assistant Professor, Harvard Medical School

Dr. Kiame Mahaniah, CEO, Lynn Community Health Center

Dr. Myechia Minter-Jordan, President & CEO, DentaQuest Partnership for Oral Health Advancement and Catalyst Institute

Jeffrey Sanchez, Lecturer, Center for Public Health Leadership, TH Chan School of Public Health; Senior Advisor, Rasky Partners

Beverly Stables, Health Care Policy Analyst for House Minority Leader Bradley H. Jones, Jr.

Chair of the MA Black and Latino Legislative Caucus

Representative Chynah Tyler

Chair of the MA Asian-American Legislative Caucus

Representative Donald H. Wong

Agenda

- 1. Welcome and Introductions of Task Force Members & Approval of February 16 Meeting Minutes** (10 minutes)

- 2. Task Force Discussion of Subset of Elements of Final Report** (75 minutes)
 - A. Draft Report Section: Social Factors in Health - Addressing Root Causes of Inequity (25 minutes)
 - B. Draft Report Section: Access to Quality, Equitable Health Care and Other Services (35 minutes)
 - C. Draft Report Section: Strengthening the Public Health System (10 minutes)
 - D. Draft Report Section: Other (5 minutes)

- 3. Next Steps** (5 minutes)

Task Force Charge & Requirements Under Chapter 93 of the Acts of 2020 (Report Can Go Beyond These Areas)

Legislative Charge to Health Equity Task Force: to “make recommendations to the general court that address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location, including, but not limited to, gateway cities with hospitals dedicated to caring for patients who test positive for COVID-19, and age in the commonwealth during the COVID-19 pandemic.” (*Section 2A of Chapter 93 of the Acts of 2020*)

The recommendations shall include, but shall not be limited to:

7 Specified Areas for Policy Recommendations
(*Section 2B of Chapter 93*) (see **Following Slide**)

Discussion of Draft Final Report Elements: February 16 (Gray) and 23 (Blue)

Task Force Members Leadership by Task Force Charge (7 Areas of Charge from Statute & 8th for Other Areas of Priority) (merged into 5 groups due to synergies)

Final Report Sections

Charge 1: Improve Safety for Populations at Increased Risk for COVID-19

Dr. Cassandra Pierre, Rep. Donald Wong, Rep. Chynah Tyler

• Ongoing Response to the COVID Crisis

Charge 2 and 3: Remove Barriers and Increase Access to Quality and Equitable Health Care Services & Increase Access to Medical Supplies:

Dr. Kiame Mahaniah, Beverly Stables, Dr. Myechia Minter-Jordan, Hiram Shah

• Access to Quality, Equitable Health Care and Other Services – February 23 Discussion

Charge 4 and 5: Increase Access to Testing & Provide Info Materials to Underserved/ Underrepresented Populations in Multiple Languages:

Dr. Frank Robinson, Dr. Cassandra Pierre, Dr. Milagros Abreu, Rep. Donald H. Wong

• Ongoing Response to the COVID Crisis

Charge 6: Address Any Other Relevant Factors to Address Health Disparities

Michael Curry, Sen. Sonia Chang-Diaz, Dr. Frank Robinson

• Social Factors in Health – Addressing Root Causes of Inequity – February 23

Charge 7 and 8: Other Areas of Task Force Priority and Areas of Further Study:

Senator Julian Cyr, Dr. Assaad Sayah, Jeffrey Sanchez, Rep. Carlos Gonzalez, Rep. Liz Miranda, Hiram Shah

• Prioritizing Equity in State Government
• Equity Data and Dashboards
• After Action Report
• Strengthen Public Health System – Feb. 23

DRAFT Table of Contents for Input

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II. Executive Summary

IMMEDIATE ACTION

III. Ongoing Response to the COVID Crisis

A. Equitable Vaccination

B. Continue and Enhance Stop the Spread

C. Reduce Risk for Those Incarcerated

D. Vulnerable Populations

Older adults, essential workers, disabled,
incarcerated, persons with Mental Illness/S

IMMEDIATE AND INTERMEDIATE ACTION

IV. Prioritizing Equity in State Government

A. Office of Equity

B. Data Collection and Reporting

C. Equity in All Policies

V. Access to Quality, Affordable Health Care and Services

A. The Digital Divide

F. Workforce

B. Immigrant Health

G. Equity Opportunities

C. Safety Net Hospitals/Providers in Medicaid

D. Community Health Centers H. Affordable Medication

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I. Oral Health

VI. Social Factors in Health

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PREPARING FOR THE FUTURE

VII. Strengthening the Public Health System

A. Local Public Health

B. MA Department of Public Health

VIII. Preparing for Future Emergencies and Disasters

A. Planning for Equity

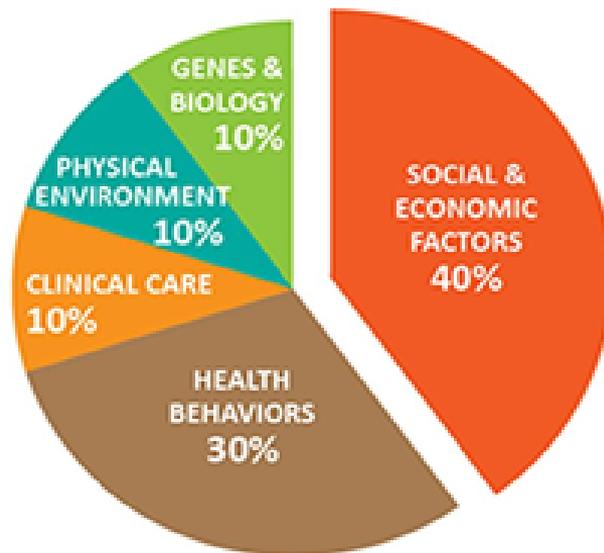
B. After-Action Report

Appendixes

Key Framing Points : Social Factors and Racism

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

- Martin Luther King, Convention of the Medical Committee for Human
- To achieve health equity, requires us to achieve equity in all aspects of life since 80% of health status is attributable to social and economic conditions where people live, work and spend time.
- These "social determinants of health," plus racism, have real impact on health and length of life



DETERMINANTS OF HEALTH

Overarching Framework

Key Findings:

- The Task Force underscores the importance of **fostering durable ongoing progress on underlying root causes of inequity.**
- This should be **supported by a statewide, multi-disciplinary Office of Equity** (referenced in previous section) that works with stakeholders, across the branches of government, and in the state to develop and implement multi-year objectives and plans.
- It is also important to find mechanisms to **work across state agencies and programs** (current siloes) to advance opportunities for all Massachusetts residents.
- **Local and, in some instances, regional initiatives (including consideration of health equity or empowerment zones) should be supported** that embed cross-sector and community-wide collaboration and efforts to improve the socio-economic conditions that affect long-term health and wellbeing. Some organizations have presented opportunities for leveraging their “anchor mission” in this regard.

Increase Food Access and Security

Key Findings:

- Food insecurity in Massachusetts doubled during the pandemic from 8% to almost 17%
- Massachusetts had the highest rate of increase in food insecurity in the country (59%), with one in five children living in a food insecure household, an increase of 102%

Recommendations (Approved in Interim Report):

- Close the SNAP Gap: Support An Act to Streamline the Process to Access Critical Public Health and Safety Net Programs through Common Applications for health, food and come income benefits (SD.1015/HD.1500).
- Support the Healthy Incentives Program (HIP) which doubles buying power for fruits and vegetables for families with food benefits (SD.1179).
- Fund the Massachusetts Emergency Food Assistance Program (MEFAP) at \$30 million to support the Food Bank Coalition of Massachusetts

New for Consideration for Approval

- Enact legislation to make school meals universal as part of the Feed Kids Campaign. (SD.519/HD.1161).
- Support An Act establishing the Massachusetts Hunger-Free Campus Initiative for public higher education students (SD.1477/HD.2969).

Housing Stability

Key Findings:

- Eviction and mortgage foreclosure measures in place for the pandemic expire by March 31 (federal), and June 30 (state) this year. *We are standing on the precipice of a massive housing disaster, risking homelessness at historic levels and must act now.*

Recommendations (approved in Interim Report (in concept)):

- Enact An Act to prevent COVID-19 evictions and foreclosures and promote an equitable housing recovery (SD.1802/HD.3030)
- Enact An Act promoting housing stability and homelessness prevention to provide right to counsel in evictions and foreclosure proceedings (SD.1906/HD.2441)
- Allocate the \$450M in federal emergency rental assistance funds so that they are targeted to hardest hit communities, flexible and easier to access.
- **To be added: emergency shelter; use CARES Act funds for non-congregate shelter**

New for Consideration for Approval

- Enact An Act promoting housing opportunity and mobility through eviction sealing (SD.798/HD.1889)

Language Access in State Agencies

Key Findings:

- Nearly 600,000 Mass. residents are Limited English Proficient (LEP) (40% Spanish, indicating a multitude of languages spoken)
- Non-English speakers cannot easily access information, apply or re-apply for basic benefits such as food (SNAP), housing, health care, unemployment and cash assistance, and more.

Recommendations (concepts approved but this is new legislation):

- Enact An Act Relative to Language Access and Inclusion (SD.2251/HD.3674) that requires state agencies to create, implement and update targeted language access plans which include oral in written communications in the languages of those served, and a complaint procedure, periodic reporting to the legislature, and staff training.
- In the meantime, state agencies are urged to:
 - Use best practices to promote access, such as changing recorded telephone answering systems to put a language menu at the top of the message. (Often it comes after a long English message.)
 - Translate websites and portals into all the major languages spoken by the LEP persons served by the state agency.

Emergency and Basic Income

Key Findings:

- The State provides Emergency cash assistance to those ineligible for state and federal programs by funding community foundations, required to match dollars, to partner with local organizations to fund families. A \$10M state allocation, creates another \$10M of assistance.
- TAFDC and EAEDC recipients have not received a benefit increase since 2000 and 1998, respectively, until 10% increase during pandemic in FY21 budget.
- The “Deep Poverty” bill ensures that these benefits are at least 50% of the federal poverty level (\$900 per month for a family of three). They were at \$593 per month pre-pandemic in MA.
- Support legislation to allow a state earned income tax credit, worth about \$795 to a family of 3 without a SSN who pay taxes but do not receive EITC, unlike their peers with SSN.

Recommendations:

- The Task Force recommends at least \$10M for Emergency Cash Assistance in FY22 Budget (Line Item 7002-2022) and that it continue to be funded at least through FY22.
- Enact An Act to Lift Kids Out of Deep Poverty (SD.430/HD.1158) & oppose rollback of 10% increase.

New for Consideration for Approval

- Support An Act to increase family stabilization through the earned income tax credit (SD.1886).

Support Work and Family Mobility Act

Key Findings:

- Having a valid ID will allow undocumented immigrants to feel more comfortable accessing health care and other supportive services.
- Driving reduces the risk of exposure to the spread of infection on public transportation during the COVID-19 pandemic, and increases economic opportunity.
- The ability to drive will also increase the ability to receive vaccination.
- Sixteen states, the District of Columbia and Puerto Rico already allow residents to obtain driver's licenses regardless of immigration status, including our New York, Vermont and Connecticut.

Recommendations (Approved in Interim Report):

- Enact the Work and Family Mobility Act (SD.273/HD.448) to enable all qualified state residents to apply for a standard Massachusetts driver's license or identification card, regardless of immigrant status, while keeping the Commonwealth in full compliance with REAL ID requirements.

Safe Communities Act

Key Findings:

- Immigrants (without formal documentation) are afraid to come forward for health care, vaccination and other necessary services for fear of being identified and sent to Immigration and Customs Enforcement.

Recommendation (New):

- Support The Safe Communities Act (SD.532/ HD.1165)
- This act would - among other things - prevent law enforcement from questioning persons about their immigration status, unless state or federal law requires the inquiry. Such questioning could take place only with informed, signed consent of the person, available in multiple languages. The passage of this bill would increase the health and safety of immigrants (without formal documentation), thus positively affecting the health of their families and communities.
- The SCA would prevent contracts between county sheriffs and ICE that allow the sheriffs to act as federal immigration agents, at state taxpayers' expense.

Environmental Justice

Key Findings: **Under Development for Input**

- Recent studies and mapping have shown the [connection between the COVID-19 disproportionate impacts](#) with communities facing environmental burdens in the state, known as **environmental justice communities**. (CRESSH - Center for Research on Environmental and Social Stressors in Housing Across the Life Course)
- The Task Force received testimony that the same characteristics that define environmental justice populations are the same characteristics leading to greater COVID-19 impacts, such as language isolation, race/ethnicity, income, and housing density.

Recommendations:

- Environmental justice is a factor that should be taken into account (and given priority) in addressing health disparities in communities and neighborhoods across the Commonwealth.
- The recent climate change legislation includes important provisions codifying environmental justice protections.
- Support An Act relative to food justice with jobs (SD.1581/HD.3246) to establish a Garden Agriculture Program to: (i) enable residents to establish small-scale food gardens; (ii) localize food production; and (iii) increase MA residents' access to locally-grown food with high nutritional value.
- **Other policy recommendations?**

Overarching Framework

Key Findings:

- The Task Force recognizes and has heard from many stakeholders that underlying health and health system inequities have contributed to challenges and disproportionate impacts of the COVID-19 pandemic.
- Therefore, the Task Force has identified a range of pressing health care areas for intermediate and long-term action in the following slides.

A. Digital Equity

Key Findings:

- Geographic gaps in broadband availability, insufficient broadband capacity of available products, affordability of services and devices and digital literacy are significant barriers to digital access
- About 25% of Gateway City households did not have internet service at home pre-pandemic, and another 10% depended on unstable connections such as a mobile phone.
- There is a real danger that digital inequity will be the great inequity with the advent of cross-sector technological advancements, including telehealth (and other remote healthcare monitoring).

Recommendations (Concepts approved but specifics new and still under development):

- Support An Act Relative to Telehealth and Digital Equity for Patients to increase access to telehealth (HD2533/SD2099).
- State efforts to work with broadband providers to increase minimum download and upload speeds provided at affordable and subsidized prices.
- The Health Policy Commission should stratify data in its required reports on telehealth cost and access by race, ethnicity and other socio-demographic factors.
- Enact legislation to provide funding, including including but not limited to public-private partnerships, to make broadband access and digital devices more affordable, and to fund digital literacy education and pilot initiatives.
- State support to match federal Lifeline program public benefits for phone and internet support.

B. Immigrant Health Access

Key Findings:

- While over 98% of MA children have some form of health coverage, thousands of predominantly low-income children and young adults with disabilities can only access safety net programs with limits on covered benefits.
- Safety net programs currently available to children and young adults without a formal immigration status do not cover important services that people with disabilities, complex medical and/or behavioral health (BH) conditions need, such as intensive BH care, medical supplies like wheelchairs or specialized formula.
- Care for this population is concentrated with safety net hospitals and community health centers. This causes constraints due to the lack of comprehensive coverage for immigrant populations and resources to carry out their mission to care for all.

Recommendations (Approved in Interim Report):

- **Enact An Act to ensure equitable access to health coverage for children with disabilities (HD2945/SD1909)** to expand MassHealth CommonHealth to immigrant children and young adults with disabilities whose only barrier to this coverage is immigration status, providing coverage for many services currently out of reach.
- This is an urgent first step in the needed progression of legislation, **An Act to ensure equitable health coverage for children (HD2932/SD1908)**, with the ultimate goal to expand MassHealth to all such children.
- Other states including New York, California, Illinois, Washington, Oregon and Washington D.C. have gone further to extend comprehensive Medicaid coverage to all such children.

C. Safety Net Hospitals/Providers

Key Findings:

- Recent Attorney General's report [Building Toward Racial Justice and Equity in Health](#) recognizes "the disproportionate impact of COVID-19 on communities of color amplifies the longstanding need to change how health care resources are allocated, starting with payments to providers who care for underserved populations."
- Safety net hospitals/providers, the predominant health care providers for vulnerable populations, play a vital role in both ongoing health care and the local COVID-19 response.
- MassHealth is commended for its funding support of safety net hospitals/providers during the pandemic, and the legislature is commended for including a two-year 5% enhancement to Medicaid rates for certain hospitals.
- High Medicaid safety net hospitals are the lowest paid by commercial insurers in the Commonwealth.
- Inequitable rates, including by Medicaid, commercial insurance and within alternative payment models/global payments, to high Medicaid hospitals contribute to the disparities in resources across communities.

Recommendations (New):

- **Equitable resources, including commercial rates, for safety net hospitals and diverse, gateway communities.**
- **Enact legislation to reduce racial and ethnic health disparities through commercial rate equity for safety net hospitals (SD261/HD1436).** Requires commercial health plans, within their existing budgets, to pay high Medicaid safety net hospitals the statewide average relative price.
- **Ongoing & Enhanced Funding Support for high Medicaid safety net hospitals under Medicaid Waiver Renewal**
- **Enhanced Medicaid rates for Safety Net Hospitals and hospital-licensed health centers**
- **Equitable Global Payments/Budgets under Alternative Payment Methods**

D. Community Health Centers

Key Findings:

- Community health centers (CHCs) predominantly serve patients who are low-income (84%), racial or ethnic minorities (67%), and best served in a language other than English (40%)
- The need to increase payment for the services CHCs offer has been recognized by the Governor's health care legislation (called for increases in primary care and behavioral health payment); the Attorney General's health inequity report (calling for fair and adequate payment for safety net providers); and is demonstrated by longstanding financial instability of and underinvestment in the health center network relative to other providers.
- Fair payment for health centers, in line with federal expectations for Federally-Qualified Health Centers, will: catalyze growth in those services that improve health, in the communities where the greatest inequities exist; result in better pay for the local, diverse staff health centers employ; stimulate growth in low-income communities; and most importantly, drive increases in access to medical, behavioral, and oral health services.
- More accessible services translate into more community members served, shorter wait times for appointments, better retention of providers, improved outcomes, and reduced inequity for communities of color.

Recommendations (New):

- **Rate Adequacy to Drive Access: Significantly increase Medicaid payment for Federally-Qualified Health Centers' comprehensive, all-inclusive model of care.**
- **Explore commercial rate inequities for health centers.**

D. Community Health Centers (continued)

Key Findings:

- Health centers have a long history of developing career ladder and advanced health professional training programs, often with support of state government.
- Training by and in health centers: expands access to care; produces providers with more experience serving diverse populations, who are more likely to serve in underserved communities after training; and catalyzes economic empowerment and better paying jobs for local employees of health centers.

Recommendations Support Health Centers in “Growing Their Own” Workforce (New):

- The Commonwealth should take a multipronged approach to continuing and expanding support for these efforts, including through MassHealth financing mechanisms, pilot programs, 1115 Waiver investments, and enactment of the Community Health Center Transformation Fund as a tool to finance these programs. Examples include:
 - ✓ Nurse Practitioner residency training at health centers, including Family Medicine and Psychiatric Nurse Practitioners (HD.1454/SD.780)
 - ✓ Reestablishment of Medicaid Graduate Medical Education (GME) with a focus on health center-based residency slots (HD.1461/SD.463)
 - ✓ Loan repayment for health center providers with service commitment (HD.913/SD.515)
 - ✓ Career ladder programs for Community Health Workers, Medical Assistants, and other positions.

E. Behavioral Health

Key Findings:

- **COVID-19 has starkly exposed the pre-pandemic vulnerability in the BH delivery system and gaps in the continuum of care re: access and care delivery for persons in need of BH care.**
- **The need for behavioral health services has increases substantially during the pandemic. COVID has created an urgent need for additional mental health and substance use disorder inpatient capacity, outpatient care, and cultural and linguistic mental health services. Significant emergency department boarding for patients awaiting psychiatric inpatient care placement is a major area of current state focus.**
- **Long-term behavioral health impacts of the COVID-19 pandemic must be monitored to guide proportionate state response.**

Recommendations (Access issues identified in Interim Report)

- **Ongoing COVID-19 response needs:** The Administration has launched important efforts to encourage expanded behavioral health inpatient capacity, including for youth and adults.
- **Urgent action needed to enhance Department of Mental Health (DMH) capacity through new beds/facility to provide treatment for the approximately 100 DMH clients who are “stuck” in acute inpatient behavioral health units, awaiting admission to DMH Continuing Care Treatment (some patients waiting for more than 6 months). Community residential capacity also urgently needed.**
- **Direct provider funding and enhanced coordination and technical assistance for PPE acquisition, infection control, surveillance testing and vaccination efforts by BH programs.**

E. Behavioral Health (continued)

Key Findings:

- Challenges include chronic underfunding, lack of full parity, and workforce needs, despite recent strides.
- Children's mental health needs are particularly acute, as are those for access to care for people from diverse linguistic and cultural communities. MA emergency departments are overwhelmed by children and youth in crisis, many of whom had no pre-COVID BH conditions.
- Approximately half a million MA adults are living with serious psychological distress (likely increase since COVID). Only 40% of blacks and Latinos and 30% of Asians in distress received any mental health treatment.

Recommendations (Access issues identified in Interim Report. Legislative proposals in areas below under review):

- **Multi-Agency/Stakeholder Commission to address health disparities for persons with BH concerns. Robust demographic data must be collected and publicly accessible on BH disparities in the Commonwealth.**
- **Resources for BH services (underfunding and improve reimbursement to comply with mental health parity).**
- **Invest in Lasting BH Workforce improvements** in part through expanding the student loan repayment program to include both inpatient and community-based BH providers and workforce training programs.
- Develop programs and incentives to diversify the BH workforce to reflect the population and meet cultural and linguistic needs. Support BH language access bill and other legislation under review.
- **Support BH integration through funding models in Medicaid and other insurers.**
- Include **peer support, recovery coaches, and community health workers** as covered benefits in Medicaid and commercial insurance.
- **Treatment is needed relative to the intersection with the criminal justice system.**

F. Workforce

Key Findings:

- Culturally competent and equitable care for patients of all backgrounds, conditions, and health care insurance status is a fundamental aim of the Task Force.
- There are currently shortages of healthcare personnel in key professions such as behavioral health, patient care technicians, nursing and CNAs, along with security, dietary, environmental services positions, all with opportunities for career advancement.
- Workforce investments can have mutual benefits of filling needed health care positions and diversifying the health care workforce (to look more like the population it serves).

Recommendations **(New and under development - builds on health care access aims of Interim Report):**

- State efforts to advance the healthcare workforce and career ladder opportunities. Suggest a RFI to gain input on health care professions, shortages, and vacancies at all levels and recommended strategies, potential state or regional programs, investments, and/or barriers to be addressed.
- State funding and initiatives, including those federally-supported under the Medicaid 1115 Waiver renewal, to provide health care career and pipeline development, student loan-forgiveness, job training and mentoring programs as pathways for current and prospective members of the healthcare workforce.
- Support for training that increases cultural competency, addresses racism, and uncovers the unconscious bias that is currently rooted in our health system. Ensure that workers receive living wages and other employment supports for essential health work. Testimony was received about living wages, including for nursing home, home health, behavioral health, among other workforce members.

G. Equity Opportunities in Medicaid (Maternal Health, Health Equity, Health-Related Social Needs, Continuing MassHealth Retroactive Coverage)

Key Findings:

- Massachusetts is preparing its Medicaid Waiver renewal proposal to the federal government (Spring 2021).
- Medicaid plays a key role in improving maternal and perinatal outcomes. MassHealth covers 35% of births.
- While the majority of pregnancy-related deaths are preventable, they are increasing at an alarming rate.
- Some postpartum women experience disruptions in coverage and care under current eligibility rules, leading to delays in identifying and treating pressing health challenges.
- The Medicaid Waiver is also an opportunity to attain federal support for addressing health equity, funds for health-related social needs, and continuing retroactive MassHealth coverage beyond the pandemic.

Recommendations: **New (previously approved continuity of MassHealth retroactive coverage)**

- Enact An Act relative to expanding equitable access to maternal postpartum care (HD2470/ SD1929) to direct MassHealth to file a Medicaid 1115 Waiver to extend postpartum coverage from the current 60 days to 12 months.
- Include Health Equity Initiatives in Medicaid 1115 Waiver
- Further Support Health-Related Social Needs (expanded funding for “Flexible Services”) in Waiver renewal.
- Continuing 3-months of MassHealth Retroactive Coverage beyond pandemic by enacting An Act relative to the effective date of MassHealth coverage for new applicants under age 65 (SD1993/HDXX).
- **Support An Act protecting the homes of seniors and disabled people on MassHealth (SD1031/HD1408). Reform is need to address** the disproportionate effect of estate recovery on lowest income Medicaid beneficiaries and how this inability to pass on the family home exacerbates intergenerational poverty.

H. Affordable Medication and Care for Chronic Conditions

Key Findings:

- **High out-of-pocket costs and co-payments can be a barrier to care and medications, especially for persons with chronic health conditions, communities of color, and low-income communities.**
- **This creates risks regarding optimal management and prevention of disease progression.**
- **During the COVID-19 pandemic, people of color and others with underlying chronic health conditions are more susceptible to COVID-19 complications.**
- **Reducing/removing out-of-pocket costs to affordable medications and health care services is an important way to curb racial and other inequities, particularly related to chronic conditions.**

Recommendations: **New**

- **Legislation to remove copayments for prescription medications and health care services to prevent, manage, or prevent disease progression for chronic conditions.**
- **Especially key for chronic conditions, such as diabetes, asthma/COPD, hypertension and heart disease, opioid use disorder, and certain mental health conditions.**
- **Legislation could implement expanded patient assistance programs for some medications, such as insulin and asthma inhalers, used to treat chronic conditions that disproportionately impact people of color and are also risk factors for COVID-19 complications.**
- **Provisions for consumers to know the lowest cost options for prescriptions at pharmacies.**

I. Oral Health

Key Findings:

- Oral health is among the deepest disparities in communities of color, low-income, vulnerable age groups, people with disabilities, and underserved geographic regions. These groups are more likely to have unmet dental needs.
- Poor oral health can significantly affect an individual's physical, mental, and financial health.
- Poor oral health is connected to higher risk for diabetes, cardiovascular disease and stroke, complications in pregnancy and childbirth, adverse mental health outcomes, and other conditions.
- Among people with COVID-19, those with poor oral health and chronic larger amounts of pathogenic oral bacteria associated with poor oral health, have poorer outcomes/more severe COVID-19 complications.
- Massachusetts' data on oral health needs/access to care is outdated, hindering the ability to understand the challenges and the policy solutions needed for equitable access to dental services.
- Oral health, and oral health providers, play an important role in health for underserved populations during and beyond the COVID-19 pandemic (including to be part of vaccination efforts).

Recommendations: **New**

- State Budget Support to Sustain Full Adult Dental Care Coverage in MassHealth.
- Passage of An Act to establish an oral health commission and needs assessment (HD2962/SD1526). Charged with 1) a statewide oral health status/ needs assessment and 2) recommendations to address gaps in access to oral health services and to improve the overall health status of pediatric, adult, and older adult populations.
- Support Dental Professionals to Serve as Vaccinators during and beyond the current pandemic

Strengthening the Local Public Health System

Key Findings:

- Public health is the responsibility of 351 different cities and towns in Massachusetts with varying resources and standards, and without clear guidance which results in fragmented and inequitable public health services. In most states, this is a county function.
- MA is one of few where state does not fund local health, perpetuating inequities.

Recommendations: **(Builds on recommendations from Interim Report; new legislation)**

- Support An Act relative to accelerating improvements to the local and regional public health system to address disparities in the delivery of public health services (SD.1067/HDXX).
- Ensure state funding to implement and support the local and regional public health system to fully implement the bill above.
- Include incentives for the local public health system to establish community advisory groups and processes (reflective of the community)

Strengthening the Statewide Public Health System

For Task Force Input

Acknowledging the Important and Integral role of MA Department of Public Health, several areas were referenced in testimony:

- **Statewide surveillance system**
- **Assess infectious disease capabilities given future potential pandemics**
- **Systems and data**

Draft - Other Areas of Discussion/Sections?

The Task Force recommends that Federal COVID-19 Reponse Funds are dedicated to recommendations in the Health Equity final report.

Areas for Further Task Force Input

- Research including the long-term monitoring of COVID-19 illnesses, socio-economic impacts, and response needs. Other research areas?
- Special populations, including persons with disabilities and frail older adults (including encouraging programs such as PACE)
- LGBTQ Equity Recommendations (in addition to data capture/reporting)?
- Opioid and substance use?
- Endorsement of Recommendations from AG report such as:
 - Health Policy Commission Annual Health Equity Convening?
 - Regional structures for working on equity?
- Other?

Future Health Equity Task Force Steps & Key Dates

1. After today's Task Force Meeting, Member input will be reflected in a Draft of the Final Report for Member review.

Target date of document to Task Force Members by March 8 with feedback due by March 15 to staff.

2. Target Date for Draft Final Report for Public Posting: March 19/22 with comments due by March 25.

3. Task Force Final Meeting in Late March to Approve Final Report:
March 31 scheduling poll out to Task Force Members

Continuing Discussion with Massachusetts Black & Latino and Asian-American Legislative Caucuses